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APPLICANTS

Kenneth Haven, Fremont, CA;

Brian Richardson, Morgan Hill, CA;  
 Daniel Blaugrund, Palo Alto, CA; Charles Richard Lewis JR., Palo Alto, CA;  
 Maria Uspenski, Boulder, CO;  
 Karen A. des Jardins, Encinitas, CA;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>Devin L. Ray</i> Examiner's Signature	<i>DR</i> Initials		

ADDRESS

Christopher T. Braddock, Esq.  
 217 East Seventh Avenue  
 Denver, CO  
 80203

TITLE

Infuser tea pot

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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